Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	art 1: Identify Yourself							
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):					
1.	Your full name							
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Yousif						
picture identi example, you license or pa Bring your pic identification		ration (for driver's	First name					
			Middle name					
	Bring your picture	Toma						
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)					
2.	All other names you have used in the last 8 years							
	Include your married or maiden names.							
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9843						
	()							

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Document Case number (if known) Debtor 1 Yousif Toma

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
		Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		8758 N. Merrill St. Niles, IL 60714	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Yousif Toma

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art	Tell the Court About	Your Ba	ankruptcy Ca	ase			
<b>'</b> .	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropria	11 U.S.C. § 342(b) for Individuals Fil te box.	ling for Bankruptcy
	choosing to file under	■ Ch	apter 7				
		☐ Ch	apter 11				
		☐ Ch	apter 12				
		☐ Ch	apter 13				
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subn	ically, if you are paying the fee y	ck with the clerk's office in your local ourself, you may pay with cash, cash half, your attorney may pay with a cre-	ier's check, or money
					allments. If you choose this opti s (Official Form 103A).	ion, sign and attach the Application for	or Individuals to Pay
□ I request that my fee be waived (You may request this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than applies to your family size and you are unable to pay the fee in installments). If you of the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file					our income is less than 150% of the cin installments). If you choose this op	official poverty line that tion, you must fill out	
).	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes	S.				
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
0.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1.	Do you rent your residence?	■ No.	Go to I	ine 12.			
		☐ Yes	s. Has yo	our landlord obta	ined an eviction judgment agains	st you and do you want to stay in you	r residence?
				No. Go to line	12.		
				Yes. Fill out <i>Ini</i> bankruptcy pet		Judgment Against You (Form 101A)	and file it with this

eb	otor 1	Yousif Toma	.9630	DOC 1	Document	Page 4 of 54	9/17 13:37:10  Case number (if known)	 6/29/17 1:30PM
art	t 3:	Report About Any Bu	sinesses \	You Own as	s a Sole Proprietor			
2.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to Pa	rt 4.			
			☐ Yes.	Name ar	nd location of business			
	busin an ind separ as a d partne	e proprietorship is a less you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.			business, if any Street, City, State & ZIP	Code		
	sole p	have more than one proprietorship, use a rate sheet and attach		rumber,	once, ony, onate a 211	Code		
		nis petition.		Check th	ne appropriate box to des	scribe your business:		
				□ +	lealth Care Business (as	defined in 11 U.S.C. §	§ 101(27A))	
					Single Asset Real Estate	(as defined in 11 U.S.C	C. § 101(51B))	
					Stockbroker (as defined in	n 11 U.S.C. § 101(53A)	))	
					Commodity Broker (as de	fined in 11 U.S.C. § 10	01(6))	
					lone of the above			

13. Are you filing under Chapter 11 of the **Bankruptcy Code and are** you a small business debtor?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

I am not filing under Chapter 11. No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Yousif Toma

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

6/29/17 1:30PM

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-19630

Debtor 1

Doc 1

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Desc Main

Case number (if known) **Yousif Toma** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Yousif Toma **Yousif Toma** Signature of Debtor 2 Signature of Debtor 1 Executed on June 29, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Yousif Toma

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	June 29, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
David M. Siegel		
Printed name		
David M. Siegel & Associates		
Firm name		
790 Chaddick Drive		
Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611		
Bar number & State		

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Fill in this information to identify your case:

Debtor 1 Yousif Toma
First Name Middle Name Last Name

Debtor 2 (Spage if files) First Name Middle Name Last Name

rousii roma				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
			_	
	First Name	First Name Middle Name  First Name Middle Name	First Name Middle Name Last Name  First Name Middle Name Last Name	First Name Middle Name Last Name  First Name Middle Name Last Name  nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 8.175.00 1c. Copy line 63, Total of all property on Schedule A/B..... 8,175.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 55,399.00 Your total liabilities \$ Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,228.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,228.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Document Page 9 of 54
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Ocopy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	18,592.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	18,592.00

	C	Case 17-19630	Doc 1 Filed 06/29/1		/17 13:37:16	Desc I	Main 6/29/17 1:30F
Fill in	this info	ormation to identify you	Document r case and this filing:	Page 10 of 54			
Debto		Yousif Toma	<u> </u>				
Dobic	, ,	First Name	Middle Name	Last Name			
Debto (Spous	or 2 e, if filing)	First Name	Middle Name	Last Name			
Unite	d States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINOIS			
Case	number			_			Check if this is an amended filing
		orm 106A/B					
Scl	<u>nedu</u>	ıle A/B: Prop	perty				12/15
think it	fits best. ation. If m r every qu	Be as complete and accurate space is needed, attackerstion.	be items. List an asset only once. I ate as possible. If two married peo h a separate sheet to this form. On g, Land, or Other Real Estate You	ple are filing together, both a the top of any additional pag	re equally responsib	le for supplyi	ing correct
1. <b>Do</b> y	you own o	or have any legal or equitab	le interest in any residence, buildir	g, land, or similar property?			
<b>I</b>	No. Go to F	Part 2.					
	es. Wher	e is the property?					
Part 2	Describ	be Your Vehicles					
3.1	Make:	Volkswagon	Who has an interest in	the property? Check one			or exemptions. Put
	Model:	Jetta	Debtor 1 only				ims on Schedule D: ecured by Property.
	Year:	2014	Debtor 2 only		Current value of		rrent value of the
		nate mileage:ormation:	Debtor 1 and Debtor  D At least one of the de		entire property?	ро	rtion you own?
			Check if this is com	munity property	\$5,82	5.00	\$5,825.00
Example 5 According part 3	mples: Bo	oats, trailers, motors, personals, trailers, motors, personals, personal and House Your Personal and House	ATVs and other recreational vesonal watercraft, fishing vessels, you own for all of your entries. Write that number here	snowmobiles, motorcycle a	ccessories y entries for		\$5,825.00
						Do no	on you own? ot deduct secured as or exemptions.

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Debtor 1	Case 17-19630 DOC1 Filed 06/29/17 Efficied 06/29/17 13.37.16  Document Page 11 of 54  Yousif Toma Case number (if known)	Desc Maiii 6/29/17 1:30PI
■ Yes	Describe	
	Household Goods & Furniture	\$300.00
□ No	nics  les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games  Describe	collections; electronic devices
	I V & Electronics	<del></del>
Examp ■ No	<ul><li>ibles of value</li><li>illes: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles</li><li>Describe</li></ul>	, or baseball card collections;
Exam <sub>p</sub> ■ No	nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  Describe	and kayaks; carpentry tools;
■ No	ms  ples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe	
□ No	es sples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
	Normal Clothes	\$400.00
■ No	ry  ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gem	gold, silver
Exan ■ No	arm animals uples: Dogs, cats, birds, horses  Describe	
■ No	ther personal and household items you did not already list, including any health aids you did not list  Give specific information	
	the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$1,150.00
	escribe Your Financial Assets	
Do you o	wn or have any legal or equitable interest in any of the following?	Current value of the

portion you own?
Do not deduct secured claims or exemptions.

Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Desc Main Document Page 12 of 54 Debtor 1 Case number (if known) **Yousif Toma** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Chase Bank** Checking **Checking Account** \$1,200,00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

■ No

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

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Case number (if known) Document Debtor 1 **Yousif Toma** 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here......

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

\$1,200.00

		Case 17-19630	Doc 1	Filed 06/29/17 Document	Entered 06/29/17 13:37:16 Page 14 of 54	Desc Main	6/29/17 1:30PM
Debto	or 1	Yousif Toma			Case number (if known)		
Part 6		ccribe Any Farm- and Comme ou own or have an interest in fa			n or Have an Interest In.		
46. <b>D</b>	o you	own or have any legal or	equitable ir	nterest in any farm- or o	commercial fishing-related property?		
	No. 0	Go to Part 7.					
	Yes.	Go to line 47.					
Part 7	:	Describe All Property You	Own or Have a	an Interest in That You Dic	d Not List Above		
<i>E</i>	Examp. No	have other property of a les: Season tickets, country	y club membe				
Ц	Yes. (	Give specific information					
54.	Add th	ne dollar value of all of yo	our entries fr	om Part 7. Write that n	number here		\$0.00
Part 8	:	List the Totals of Each Part	of this Form				
55.	Part 1	: Total real estate, line 2					\$0.00
56.	Part 2	: Total vehicles, line 5			\$5,825.00		
57.	Part 3	: Total personal and hou	sehold items	s, line 15	\$1,150.00		
58.	Part 4	: Total financial assets, li	ine 36		\$1,200.00		
59.	Part 5	: Total business-related	property, line	e 45	\$0.00		
60.	Part 6	: Total farm- and fishing-	related prop	erty, line 52	\$0.00		
61.	Part 7	: Total other property not	t listed, line	54 +	\$0.00		

\$8,175.00

Copy personal property total

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,175.00

\$8,175.00

	ase 17-19030	DOC 1	Document	Page 15 of 54	13.37.10	Desc Main	6/29/17 1:30PM
Fill in this info	ormation to identify yo	ur case:					
Debtor 1	Yousif Toma						
	First Name	Mic	Idle Name	Last Name			
Debtor 2							
(Spouse if, filing)	First Name	Mic	Idle Name	Last Name			

Official Form 106C

Case number (if known)

## Schedule C: The Property You Claim as Exempt

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

4/16

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2014 Volkswagon Jetta Line from Schedule A/B: 3.1	\$5,825.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line Holli Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
2014 Volkswagon Jetta Line from Schedule A/B: 3.1	\$5,825.00		\$1,800.00	735 ILCS 5/12-1001(b)
Line from Scriedule PVD. 3.1			100% of fair market value, up to any applicable statutory limit	
Household Goods & Furniture Line from Schedule A/B: 6.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line non schedule A/D. 4.1			100% of fair market value, up to any applicable statutory limit	
TV & Electronics Line from Schedule A/B: 7.1	\$450.00		\$450.00	735 ILCS 5/12-1001(b)
Line nom <i>Schedule AVD.</i> 7.1			100% of fair market value, up to any applicable statutory limit	
Normal Clothes Line from Schedule A/B: 11.1	\$400.00		\$400.00	735 ILCS 5/12-1001(a)
LING HOLL COLONIAL FAD. 1111			100% of fair market value, up to any applicable statutory limit	

Desc Main Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Document Page 16 of 54 Debtor 1 Yousif Toma Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase Bank** 735 ILCS 5/12-1001(b) \$1,200.00 \$1,200.00 **Checking Account** 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Fill in this infor	mation to identify your	case:		
Debtor 1	Yousif Toma			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

	Case 17-19030 L	Document	7 Entered 06/29/17 13.37.16 1 Page 18 of 54	6/29/17 1:30PM
Fill in this	s information to identify your			
Debtor 1	Yousif Toma			
DODIO! !	First Name	Middle Name	Last Name	
Debtor 2	<del></del>			
(Spouse if, fi	ling) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	
Case num	nber			
(if known)			[	☐ Check if this is an
				amended filing
Official	Form 106E/F			
	ule E/F: Creditors W	ho Have Unsecured	l Claims	12/15
			TY claims and Part 2 for creditors with NONPRIORITY	Y claims. List the other party to
Schedule Deft. Attach	D: Creditors Who Have Claims Sectifie Continuation Page to this page as enumber (if known).	ured by Property. If more space is le. If you have no information to re	Do not include any creditors with partially secured of sneeded, copy the Part you need, fill it out, number the eport in a Part, do not file that Part. On the top of any	ne entries in the boxes on the
Part 1:	List All of Your PRIORITY Un			
	y creditors have priority unsecure	d claims against you?		
	. Go to Part 2.			
Part 2:	s. List All of Your NONPRIORIT	V Unacquired Claims		
	y creditors have nonpriority unsec			
⊔ No	. You have nothing to report in this p	art. Submit this form to the court with	n your other schedules.	
Ye:	S.			
unsecu	ured claim, list the creditor separately ne creditor holds a particular claim, li	y for each claim. For each claim liste	the creditor who holds each claim. If a creditor has more ad, identify what type of claim it is. Do not list claims alread have more than three nonpriority unsecured claims fill out	dy included in Part 1. If more
				Total claim
4.1 <b>A</b>	dvanced Plastic Surgery A	ASSOC. Last 4 digits of ac	count number	\$122.00
	onpriority Creditor's Name	When was the deb		
_	140 N. California Ave. hicago, IL 60625-3667	when was the dec	ot Incurred?	
	umber Street City State Zlp Code	As of the date you	ı file, the claim is: Check all that apply	
W	ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and and	-	RITY unsecured claim:	
	Check if this claim is for a comr			
	ebt the claim subject to offset?	☐ Obligations arisi report as priority cla	ing out of a separation agreement or divorce that you did	not
	No		on or profit-sharing plans, and other similar debts	
	] Yes	■ Other. Specify		
_		- Other. Specify		

Document

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1.2	Hospital Nonpriority Creditor's Name	Last 4 digits of account number		\$474.00		
	1775 Dempster Street Park Ridge, IL 60068	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Collections	<b>S</b>			
1.3	AMC Anesthesia	Last 4 digits of account number	7155	\$49.00		
	Nonpriority Creditor's Name 35078 Eagle Way	When was the debt incurred?	Opened 01/16			
	Chicago, IL 60678  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Collections	3			
1.4	Capital One Auto Finan Nonpriority Creditor's Name	Last 4 digits of account number	1001	\$13,671.00		
	3901 Dallas Pkwy Plano, TX 75093	When was the debt incurred?	Opened 06/16 Last Active 2/24/17			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	Пол				
		☐ Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	ng plans, and other similar debts				
	Yes	iency wagen Jetta				

Document

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4.5	Chase Card	Last 4 digits of account number	2705	\$3,492.00			
	Nonpriority Creditor's Name P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 05/08 Last Active 1/26/15				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Purchases					
4.6	Citi	Last 4 digits of account number	3844	\$1,230.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 6241 Sioux Falls, SD 57717	When was the debt incurred?	Opened 6/09/14 Last Active 1/25/17	. ,			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Judgment					
4.7	Citi	Last 4 digits of account number	8410	\$1,244.00			
	Nonpriority Creditor's Name Po Box 6190 Sioux Falls, SD 57117	When was the debt incurred?	Opened 06/14 Last Active 1/25/17				
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other Specify Collections					

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Desc Main

Document Page 21 of 54 Debtor 1 Yousif Toma Case number (if know) 4.8 CMS for Medicare & Medicare Svcs. \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 145482 When was the debt incurred? Cincinnati, OH 45250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify NOTICE ONLY ☐ Yes 4.9 **Comenity Bank** \$709.00 Last 4 digits of account number 2208 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.1 Commonwealth Edison-Care Center 4743 \$57.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? Opened 5/25/16 PO Box 87522 Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No ☐ Yes report as priority claims

■ Other. Specify Collections

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Yousif Toma Case number (if know) 4.1 **Demetrios J Giokaris, MD** \$1,800.00 Last 4 digits of account number Nonpriority Creditor's Name 4921 N Western Ave When was the debt incurred? Chicago, IL 60625 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.1 **Dept Of Education/neln** 0249 \$10,183.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/11 Last Active 121 S 13th St When was the debt incurred? 3/31/17 Lincoln, NE 68508 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Student Loan 4.1 \$8,409.00 Dept Of Education/neln 4849 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/11 Last Active 121 S 13th St When was the debt incurred? 3/31/17 Lincoln, NE 68508 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Student Loan

Document

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4.1 4	John Venetos, MD, Ltd	Last 4 digits of account number	4868	\$133.00			
	Nonpriority Creditor's Name PO Box 4885 Springfield II 62708 4885	When was the debt incurred?					
	Springfield, IL 62708-4885  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:				
	$\square$ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Medical					
4.1 5	Kohl/Cap1	Last 4 digits of account number	9314	\$30.00			
	Nonpriority Creditor's Name		Opened 11/02 Last Active				
	PO Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	3/04/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Purchases					
4.1 6	Peoples Gas	Last 4 digits of account number	6319	\$618.00			
	Nonpriority Creditor's Name	- When we also debt in some d2	Opened 05/40				
	Bankruptcy Department 200 E. Randolph Street Chicago, IL 60601	When was the debt incurred?	Opened 05/16				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
☐ At least one of the debtors and another☐ Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:					
		☐ Student loans					
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	■ Other Specify Collections					
		- Guion Opoony					

Document

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SilverScript Insurance Company	Last 4 digits of account number 0301	\$113.
Nonpriority Creditor's Name PO Box 52422	When was the debt incurred?	
Phoenix, AZ 85072-2422	When was the destiniculted:	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Services	
Swedish Convent Hospital	Last 4 digits of account number	\$2,070
Nonpriority Creditor's Name 5145 N. California Ave	When was the debt incurred?	
Chicago, IL 60625  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	
Swedish Convent Hospital	Last 4 digits of account number	\$1,125
Nonpriority Creditor's Name 5145 N. California Ave Chicago, IL 60625	When was the debt incurred?	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Medical	

Document

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Swedish Convent Hospital	Last 4 digits of account number	\$3,192.
Nonpriority Creditor's Name 5145 N. California Ave Chicago, IL 60625	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical	
Swedish Convent Hospital	Last 4 digits of account number	\$229
Nonpriority Creditor's Name 5145 N. California Ave	When was the debt incurred?	
Chicago, IL 60625 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Swedish Convent Hospital	Last 4 digits of account number 8587	\$445
Nonpriority Creditor's Name 5145 N. California Ave	When was the debt incurred?	
Chicago, IL 60625		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	

Document

Page 26 of 54 Case number (if know)

4.2	Swedish Convent Hospital	Last 4 digits of account number	\$12.00
	Nonpriority Creditor's Name 5145 N. California Ave Chicago, IL 60625	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.2	Swedish Convent Hospital	Last 4 digits of account number	\$12.00
	Nonpriority Creditor's Name 5145 N. California Ave Chicago, IL 60625	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.2	Swedish Convent Hospital	Last 4 digits of account number 6532	\$135.00
	Nonpriority Creditor's Name 5145 N. California Ave	When was the debt incurred?	
	Chicago, IL 60625  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	

Desc Main

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Page 27 of 54 Case number (if know) Document Debtor 1 Yousif Toma 4.2 **SYNCB** 2293 \$250.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 6153 When was the debt incurred? **Opened 11/15** Rapid City, SD 57709 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes Toyota Motor Credit Corp. HQ 0001 \$5,595.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/10 Last Active All mail goes to 19001 S. Western Avenue When was the debt incurred? 9/30/10 Torrance, CA 90509-2991 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Auto Deficiency ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Armor Systems Co** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 Kiefer Dr Ste 1 Part 2: Creditors with Nonpriority Unsecured Claims Zion, IL 60099 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blitt and Gaines, P.C. Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankrupty Department** Part 2: Creditors with Nonpriority Unsecured Claims 661 N. Glenn Ave. Wheeling, IL 60090 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

Name and Address

Citibank NA

PO Box 6500

Sioux Falls, SD 57117-6500

Citi

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Line 4.6 of (Check one):

Last 4 digits of account number

Desc Main Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Page 28 of 54 Case number (if know) Document Debtor 1 Yousif Toma PO Box 769006 Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ICS Collection Service, Inc. Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1010 ■ Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60477 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Kohl/Chase(Kohl's Department Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Store) ■ Part 2: Creditors with Nonpriority Unsecured Claims Attn: Bankruptcy Department N54W 17000 Ridgewood Drive Menomonee Falls, WI 53051 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Credit Management, Inc. Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** Part 2: Creditors with Nonpriority Unsecured Claims 8875 Aero Drive, Ste 200 San Diego, CA 92123 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Credit Management, Inc. Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** Part 2: Creditors with Nonpriority Unsecured Claims 8875 Aero Drive, Ste 200 San Diego, CA 92123 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Northland Group** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** ■ Part 2: Creditors with Nonpriority Unsecured Claims 7831 Glenroy Road, Suite 350 Edina, MN 55439 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Portfolio Recovery Ass** Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd Ste 1 Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23502 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Source Receivables Mng ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.16 of (Check one): 4615 Dundas Dr Ste 102 Part 2: Creditors with Nonpriority Unsecured Claims Greensboro, NC 27407 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Southwest Credit Syste** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4120 International Parkway Part 2: Creditors with Nonpriority Unsecured Claims

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
mom rait i	OD.	, s		Ψ	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00

Last 4 digits of account number

Carrollton, TX 75007

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Document

Page 29 of 54 Case number (if know) Debtor 1 Yousif Toma Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 18,592.00 Total

Page 30 of 54 Document Fill in this information to identify your case: Debtor 1 **Yousif Toma** First Name Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3	Oity		Olaic	Zii Gode	
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

	Case 11-13030	Doc 1 Thea 00/2 Docume		oo/23/17 13.37.10	6/29/17 1:30PM
Fill in this	information to identify your			<i></i>	
Debtor 1	Yousif Toma				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filio	ng) First Name	Middle Name	Last Name		
	-				
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
		labtana			
scned	lule H: Your Cod	leptors			12/15
	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes	3				
	hin the last 8 years, have you a, California, Idaho, Louisiana				tes and territories include
■ No	Go to line 3.				
	s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
			•		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed the cr	th you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	ZID Codo			r to whom you owe the debt
	Name, Number, Street, City, State and 2	LIF Code		Check all schedules that	ат арріу:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line _	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	<del></del>
				☐ Schedule G, line _	
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your c	ase:								
Deb	otor 1 Yousif Toma	a			_					
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
	se number lown)		Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:							
0	fficial Form 106I					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment**	are married and not fili or spouse is not filing w	ng jointly, and your s ith you, do not includ	pouse i	is liv matic	ing with yon about	ou, incluyour spo	ude inforn ouse. If mo	nation al	bout your e is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	iling spo	use
	If you have more than one job,	Employee and adding	☐ Employed				☐ Employed			
	attach a separate page with information about additional	Employment status	■ Not employed				☐ Not er	mployed		
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any l	line, write	\$0 in the	space. Inc	clude you	ur non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	emplo	oyers for t	hat perso	n on the li	nes belov	w. If you need
						For Deb	tor 1		btor 2 or ing spou	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	ŀ	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	ı	N/A

0.00

N/A

Calculate gross Income. Add line 2 + line 3.

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Debto	or 1	Yousif Toma	-	Case numb	er (if known)			
				For Debt	tor 1		Debtor 2 or filing spouse	
	Cop	y line 4 here	4.	\$	0.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	-
	5g.	Union dues	5g.	\$	0.00	\$	N/A	•
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	•
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	•
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	•
		• • • • • • • • • • • • • • • • • • • •			0.00	*—	197	•
	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		
	8d.	Unemployment compensation	8d.	\$	0.00	\$ 	N/A N/A	
	8e.	Social Security	8e.	*	2,228.00	\$ 	N/A	
	8f.	Other government assistance that you regularly receive	00.	Ψ	2,220.00	Ψ	IV/A	-
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$		+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,228.00	\$	N/A	<u> </u>
10	Cald	culate monthly income. Add line 7 + line 9.	10. \$	2,22	8.00 + \$		N/A = \$	2,228.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'0.  Ψ-	۷,۷۷	<b>σ.ου</b> τ Ψ_			2,220.00
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	depend				chedule J. 11. +\$	0.00
		I the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaililies					12. \$	2,228.00
							Combin	
13.	Do y	you expect an increase or decrease within the year after you file this form	?				monthly	y income
		No.						
	П	Yes. Explain:						

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E:II	in this informs	tion to identify yo	2115 00001									
Deb	Debtor 1 Yousif Toma						Check if this is:					
Deb	otor 2						An amended filing  A supplement show	ving postpetition chapter				
	ouse, if filing)						13 expenses as of					
Unit	ed States Bankr	ruptcy Court for the	: NORTH		MM / DD / YYYY							
Cas	e number											
	nown)											
Of	fficial Fo	rm 106J										
		J: Your	Evnor	1606				12/15				
Be info nur	as complete a ormation. If m mber (if know	and accurate as lore space is ne n). Answer ever	possible eded, atta ry questio	If two married people are ch another sheet to this t				or supplying correct				
Par 1.	t 1: Descr Is this a join	ibe Your House	hold									
١.												
	■ No. Go to		in a conor	oto household?								
		s Debtor 2 live i	ın a separ	ate nousenoid?								
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	btor 2.					
2.	Do you have	e dependents?	■ No									
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?				
	Do not state							□ No				
	dependents	names.						☐ Yes				
								□ No				
								☐ Yes				
								□ No				
								☐ Yes				
								□ No □ Yes				
3.	Do vour exp	oenses include	_	NI.				□ res				
0.	expenses of	f people other to d your depende	han $_{f \Box}$	No Yes								
		ate Your Ongoi										
exp	imate your ex enses as of a blicable date.	openses as of your address as a date after the l	our bankri bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a s J, check t	upplement in a Cha the box at the top o	opter 13 case to report f the form and fill in the				
				government assistance if								
(Of	ficial Form 10	<b>061.)</b>					Your exp	enses				
4.		or home owners		ses for your residence. In r lot.	nclude first mortgage	4.	\$	1,000.00				
	If not includ	led in line 4:										
	4a. Real e	estate taxes				4a.	\$	0.00				
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	\$	0.00				
			•	ipkeep expenses		4c.	:	0.00				
_		owner's associat				4d.	·	0.00				
5.	Additional r	nortgage payme	ents for yo	<b>our residence</b> , such as hor	me equity loans	5.	\$	0.00				

Debtor 1		Yousif Toma	Case number (if known)				
6.	Utilit	ies:					
-	6a.	Electricity, heat, natural gas	6a.	\$	0.00		
	6b.	Water, sewer, garbage collection	6b.	\$	0.00		
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	40.00		
	6d.	Other. Specify:	6d.	\$	0.00		
7.	Food	and housekeeping supplies		\$	350.00		
8.		care and children's education costs	8.	\$	0.00		
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	74.00		
10.		onal care products and services	10.	\$	70.00		
		cal and dental expenses	11.	\$	54.00		
12.	Trans	sportation. Include gas, maintenance, bus or train fare.					
	Do no	ot include car payments.	12.	\$	150.00		
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00		
14.	Char	itable contributions and religious donations	14.	\$	0.00		
15.	Insur	ance.					
		ot include insurance deducted from your pay or included in lines 4 or 20.					
		Life insurance	15a.		0.00		
	15b.	Health insurance	15b.	\$	140.00		
	15c.	Vehicle insurance	15c.	\$	350.00		
		Other insurance. Specify:	15d.	\$	0.00		
6.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.					
	Spec	•	16.	\$	0.00		
17.		Ilment or lease payments:					
		Car payments for Vehicle 1	17a.	·	0.00		
		Car payments for Vehicle 2	17b.	·	0.00		
		Other. Specify:	17c.	·	0.00		
		Other. Specify:	17d.	\$	0.00		
18.		payments of alimony, maintenance, and support that you did not report as	10	¢.	0.00		
		cted from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	·			
9.		r payments you make to support others who do not live with you.		\$	0.00		
	Spec	·	19.	<b>-</b>			
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property	20a.		0.00		
			20a. 20b.		0.00		
		Real estate taxes		·	0.00		
		Property, homeowner's, or renter's insurance	20c. 20d.		0.00		
		Maintenance, repair, and upkeep expenses		*	0.00		
		Homeowner's association or condominium dues	20e.	•	0.00		
11.	Othe	r: Specify:	21.	+\$	0.00		
2.	Calc	ulate your monthly expenses					
		Add lines 4 through 21.		\$	2,228.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$			
		Add line 22a and 22b. The result is your monthly expenses.		\$	2,228.00		
	220. /	and line 228 and 226. The result is your monthly expenses.		Ψ	2,220.00		
23.		ulate your monthly net income.					
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,228.00		
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,228.00		
	23c.	Subtract your monthly expenses from your monthly income.	00:	•	0.00		
		The result is your <i>monthly net income</i> .	23c.	\$	0.00		
24.	For ex	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?  Output  Description:			e or decrease because of a		
	$\square \vee$	Evnlain here:					

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Fill in this infor	rmation to identify your	case:			
Debtor 1	Yousif Toma				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Spouse II, IIIIIIg)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
~					
Official For					
<b>Declara</b>	tion About a	an Individual	<b>Debtor's Sc</b>	hedules	12/15
If two married p	eople are filing togethe	r, both are equally respor	nsible for supplying cor	rect information.	
obtaining mone		n connection with a bank			ement, concealing property, or 0, or imprisonment for up to 20
yours, or bount		1010, and 00111			
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out b	pankruptcy forms?	
■ No					
— □ Yes.	Name of person			Attach Bank	kruptcy Petition Preparer's Notice,
☐ 1es.					, and Signature (Official Form 119)
					,
Under nene	alty of parium, I dealers	that I have read the sum	many and achadulas file	d with this declaration	an and
	re true and correct.	that I have read the Sum	mary and schedules me	a with this declaration	on and
X /s/ You	usif Toma		X		
	f Toma		Signature of	Debtor 2	
	ure of Debtor 1		9		

Date

Date June 29, 2017

Fill	l in this infor	mation to identify your o	case:		
De	btor 1	Yousif Toma			
D0	htor 2	First Name	Middle Name	Last Name	
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name	
Un	ited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
	se number _				☐ Check if this is an amended filing
	fficial Fo		ffairs for Individu	als Filing for Bankruptcy	/ 4/1
info nun	ormation. If n	nore space is needed, a n). Answer every questi	ttach a separate sheet to this	filing together, both are equally respons s form. On the top of any additional page	
1.		r current marital status		100 201010	
•	_				
	☐ Married ■ Not ma				
_					
2.	During the	last 3 years, nave you liv	ved anywhere other than who	ere you live now ?	
	□ No ■ Yes. Lis	st all of the places you live	ed in the last 3 years. Do not ir	nclude where you live now.	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
	4309 N W Chicago,	OLCOTT AVe IL 60613	From-To:	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
<b>3.</b> stat	es and territor	ries include Arizona, Calif		equivalent in a community property stat la, New Mexico, Puerto Rico, Texas, Wash al Form 106H).	
Pa	rt 2 Expla	in the Sources of Your	Income		
4.	Fill in the tot	al amount of income you	received from all jobs and all b	business during this year or the two prousinesses, including part-time activities. begether, list it only once under Debtor 1.	evious calendar years?
	■ No				
	☐ Yes. Fi	ll in the details.			
		1	Debtor 1	Debtor 2	

**Gross income** 

exclusions)

(before deductions and

Sources of income

Check all that apply.

Sources of income

Check all that apply.

**Gross income** 

and exclusions)

(before deductions

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Case number (if known) Document Debtor 1 Yousif Toma

5.	5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotters winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.						ecurity, unemployment, d gambling and lottery					
	List	each	source and t	the gross inco	me from ea	ach source separat	tely. Do	not include income	e that	you listed in lin	e 4.	
		No										
		Yes.	Fill in the de	etails.								
					Debtor 1					Debtor 2		
						of income below.	each (befo	ss income from a source ore deductions and usions)	5	Sources of inc Describe below		Gross income (before deductions and exclusions)
			1 of curre	nt year until nkruptcy:	Social S	ecurity		\$8,800.00	0			
			dar year: December	31, 2016 )	Social S	ecurity		\$27,995.00	0			
			dar year be December		Social S	ecurity		\$27,995.00	0			
Pa	ırt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for I	Bankru	ptcy				
6.	Are □	eithe No.	Neither De	ebtor 1 nor D	ebtor 2 ha	rimarily consumer as primarily consu family, or househol	ımer de	e <mark>bts.</mark> Consumer de	<i>ebt</i> s ar	e defined in 11	U.S.C. § 101	1(8) as "incurred by an
				90 days befo	re you filed	I for bankruptcy, di	d you p	ay any creditor a to	otal of	\$6,425* or mo	re?	
			□ <sub>No.</sub>	Go to line 7								
			Yes	paid that cre not include	editor. Do r payments t	not include paymen to an attorney for th	nts for denis bank	omestic support ob ruptcy case.	bligatio	ons, such as ch	ild support a	ne total amount you nd alimony. Also, do
	_					and every 3 years			OII OI (	aller lile dale o	i aujustinent.	
		Yes.				e primarily consu I for bankruptcy, di			otal of	\$600 or more?		
			■ No.	Go to line 7								
			□ Yes		ments for d							creditor. Do not nclude payments to an
	Cr	editor'	s Name and	d Address		Dates of payme	nt	Total amount paid		Amount you still owe	Was this p	payment for
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general possible of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing age a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child salimony.					ral partner; corporations agent, including one for							
		Yes.	List all payn	nents to an in	sider.							
	Ins	sider's	Name and	Address		Dates of payme	nt	Total amount paid		Amount you still owe	Reason fo	r this payment

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Page 39 of 54 Case number (if known) Document Debtor 1 **Yousif Toma** Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Midland Funding, LLC Collection Cook County, IL Pending ☐ On appeal **Yousif Toma** □ Concluded 16 m2 3844 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property **Date** Value of the property **Explain** what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? 

per person

Address:

Describe the gifts

Value

☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave

the gifts

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De	btor 1 Yousif Tom	a '		ase number (if known)	
14.	_	e you filed for bankruptcy, o	did you give any gifts or contributions	with a total value of more than	\$600 to any charity
	_ 110	etails for each gift or contributi	ion		
		ns to charities that total		Dates you	Value
	more than \$600	ns to charmes that total	Describe what you contributed	Dates you contributed	Value
	Charity's Name	eet, City, State and ZIP Code)			
	Address (Number, Stre	et, City, State and ZIP Code)			
Pa	rt 6: List Certain Lo	osses			
15.	Within 1 year before or gambling?	you filed for bankruptcy or	since you filed for bankruptcy, did yo	u lose anything because of the	ft, fire, other disaste
	■ No				
	☐ Yes. Fill in the o	letails.			
	Describe the prope	rty you lost and Descri	be any insurance coverage for the los	ss Date of your	Value of property
	how the loss occur	red Include	e the amount that insurance has paid. Lis	st pending loss	los
		insurar	nce claims on line 33 of Schedule A/B: P	roperty.	
Pai	rt 7: List Certain Pa	ayments or Transfers			
	Include any attorneys  ☐ No ☐ Yes. Fill in the d  Person Who Was P  Address Email or website ac	etails. aid	ng a bankruptcy petition? s, or credit counseling agencies for servi  Description and value of any proper transferred		Amount o paymen
	David M. Siegel & 790 Chaddick Dri Wheeling, IL 6009	Associates ve	Attorney Fees	4/7/17-6/27/17	\$1,050.00
17.	promised to help you Do not include any pa  ■ No □ Yes. Fill in the d	u deal with your creditors on the state of the state of transfer that you list the state of the		?	
	Person Who Was P Address	aid	Description and value of any proper transferred	rty Date payment or transfer was made	Amount o paymen
18.	transferred in the or Include both outright include gifts and trans	dinary course of your busin transfers and transfers made a sfers that you have already list	as security (such as the granting of a sec		
	Yes. Fill in the d			<b>.</b>	
	Person Who Receiv	ea iranster	Description and value of property transferred	Describe any property or payments received or debts	Date transfer was made

paid in exchange

Person's relationship to you

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Debtor 1 **Yousif Toma** 

19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profile No		y property to a self-	settled trust or similar device	of which you are a		
	☐ Yes. Fill in the details.						
	Name of trust	Description and v	alue of the property	transferred	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Storag	e Units			
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc ■ No ■ Yes. Fill in the details.	r other financial accour	nts; certificates of d				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 yeash, or other valuables?	ear before you filed for	bankruptcy, any sa	fe deposit box or other depos	itory for securities,		
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		cribe the contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?						
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		cribe the contents	Do you still have it?		
Par	t 9: Identify Property You Hold or Control f	for Someone Else					
23.	Do you hold or control any property that son for someone.  No Yes. Fill in the details.	neone else owns? Inclu	ide any property yo	u borrowed from, are storing	for, or hold in trust		
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		cribe the property	Value		

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Yousif Toma

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have an	y of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing execut	tive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part	12.						
	☐ Yes. Check all that apply above and fill in the	he details below for each business	<b>5.</b>					
	Business Name De Address	scribe the nature of the business	Employer Identification number Do not include Social Security r					
		me of accountant or bookkeeper	•					
28.	Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
	■ No							
	Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	te Issued						

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Page 43 of 54 Case number (if known) Debtor 1 Yousif Toma Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Yousif Toma Signature of Debtor 2 **Yousif Toma** Signature of Debtor 1 Date June 29, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Yousif Toma			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
(if known)				Check if this is ar amended filing

### Official Form 108

### **Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-19630 Desc Main Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Document Page 45 of 54 Debtor 1 Yousif Toma Case number (if known) name: ☐ Yes ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Lessor's name. □ No Description of leased Property: ☐ Yes Lessor's name: ☐ No Description of leased Property: ☐ Yes Lessor's name: ☐ No Description of leased Property: ☐ Yes Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Yousif Toma X Signature of Debtor 1 X Signature of Debtor 2

Date June 29, 2017 Date

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

C	hapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Desc Main Document Page 50 of 54

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

In r	re Yousif Toma			Case No.				
			Debtor(s)	Chapter	7			
	DISC	CLOSURE OF CO	MPENSATION OF ATTOR	NEY FOR DE	CBTOR(S)			
1.	compensation paid to r	me within one year before	P. 2016(b), I certify that I am the attorne the filing of the petition in bankruptcy, contact plation of or in connection with the bank	or agreed to be paid	to me, for services rendered or to			
	For legal services	, I have agreed to accept		\$	1,400.00			
	Prior to the filing	of this statement I have re-	eceived	\$	1,050.00			
	Balance Due			\$	350.00			
2.	The source of the comp	pensation paid to me was:						
	Debtor	☐ Other (specify):						
3.	The source of compens	sation to be paid to me is:						
	Debtor	☐ Other (specify):						
4.	■ I have not agreed t	to share the above-disclose	ed compensation with any other person u	inless they are meml	pers and associates of my law firm.			
			ompensation with a person or persons wh f the names of the people sharing in the c					
5.	In return for the above	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	<ul> <li>b. Preparation and fili</li> <li>c. Representation of the</li> <li>d. [Other provisions a Negotiation agreements</li> </ul>	ing of any petition, schedul the debtor at the meeting of as needed] as with secured credito	nd rendering advice to the debtor in deter iles, statement of affairs and plan which in f creditors and confirmation hearing, and press to reduce to market value; exer needed; preparation and filing of m goods.	may be required; d any adjourned hear mption planning;	rings thereof;			
6.	Representa		losed fee does not include the following sany dischargeability actions, judic oceeding.		es (except in Chapter 13			
			CERTIFICATION					
this	I certify that the forego bankruptcy proceeding.		nt of any agreement or arrangement for p	payment to me for re	epresentation of the debtor(s) in			
	June 29, 2017		/s/ David M. Siegel	l				
	Date		David M. Siegel Signature of Attorney David M. Siegel &	Associates				

Wheeling, IL 60090 (847) 520-8100 Name of law firm Case 17-19630 Doc 1 Filed 06/29/17 Entered 06/29/17 13:37:16 Desc Main Document Page 51 of 54 Desc Main  $^{6/29/17}$  1:30PM

### United States Bankruptcy Court Northern District of Illinois

		Tion that it District of Infinois		
In re	Yousif Toma		Case No.	
		Debtor(s)	Chapter	7
	VEI	RIFICATION OF CREDITOR I	MATRIX	
		Number of	of Creditors: _	30
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	litors is true and	correct to the best of my
Date:	June 29, 2017	/s/ Yousif Toma Yousif Toma Signature of Debtor		

Advanced Plastic Surgery Assoc. 5140 N. California Ave. Chicago, IL 60625-3667

Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068

AMC Anesthesia 35078 Eagle Way Chicago, IL 60678

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Blitt and Gaines, P.C. Bankrupty Department 661 N. Glenn Ave. Wheeling, IL 60090

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Chase Card P.o. Box 15298 Wilmington, DE 19850

Citi

Attn: Bankruptcy Department PO Box 6241 Sioux Falls, SD 57717

Citi Po Box 6190 Sioux Falls, SD 57117

Citi PO Box 6500 Sioux Falls, SD 57117-6500

Citibank NA PO Box 769006 San Antonio, TX 78245 CMS for Medicare & Medicare Svcs. PO Box 145482 Cincinnati, OH 45250

Comenity Bank
Bankruptcy Department
PO Box 182125
Columbus, OH 43218-2125

Commonwealth Edison-Care Center Bankruptcy Department PO Box 87522 Chicago, IL 60680

Demetrios J Giokaris, MD 4921 N Western Ave Chicago, IL 60625

Dept Of Education/neln 121 S 13th St Lincoln, NE 68508

ICS Collection Service, Inc. P.O. Box 1010
Tinley Park, IL 60477

John Venetos, MD, Ltd PO Box 4885 Springfield, IL 62708-4885

Kohl/Cap1
PO Box 6497
Sioux Falls, SD 57117

Kohl/Chase(Kohl's Department Store) Attn: Bankruptcy Department N54W 17000 Ridgewood Drive Menomonee Falls, WI 53051

Midland Credit Management, Inc. Bankruptcy Department 8875 Aero Drive, Ste 200 San Diego, CA 92123 Northland Group Bankruptcy Department 7831 Glenroy Road, Suite 350 Edina, MN 55439

Peoples Gas Bankruptcy Department 200 E. Randolph Street Chicago, IL 60601

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

SilverScript Insurance Company PO Box 52422 Phoenix, AZ 85072-2422

Source Receivables Mng 4615 Dundas Dr Ste 102 Greensboro, NC 27407

Southwest Credit Syste 4120 International Parkway Carrollton, TX 75007

Swedish Convent Hospital 5145 N. California Ave Chicago, IL 60625

SYNCB PO Box 6153 Rapid City, SD 57709

Toyota Motor Credit Corp. HQ All mail goes to 19001 S. Western Avenue Torrance, CA 90509-2991